

Voluntary Donation STANDING ORDER MANDATE FORM

Please debit the acco	ount or:		
Name:			
Bank:			
Branch:			
Full address of Bank: Account			
Name:			
Account Number:		Sort code:	
Please credit the account of:			
Bank:	The Co-operative Bank Plc		
	PO Box 101, 1 E	Balloon Street, Manchester, M60 4EP	
Account Name:	Transition Buxto	Transition Buxton CIC	
Account Number:	65733587	Sort code: 08-92-99	
The Sum of:	First payment	£	
	Amount in words		
Commencing date:	(at least 4 weeks ahead)	FROM (date):	
Until	(please delete one)	Until I give you further instructions in writing	
		UNTIL (date):	
Final Payment	(if a final date is specified)	<u>£</u>	
	Amount in words		
Eroguenev	(places tick and boy)	YEARLY	
Frequency	(please tick one box)	MONTHLY	
		MONTILI	
Quoting Reference	(Treasurer to complete)	Voluntary Donation	
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Signature:		Date:	

When completed, please send to The Treasurer, at the Transition Buxton Registered Office (address below) who will forward the form to your bank. Many thanks.